

Columbia Holocaust Education Commission

Proposal for Holocaust Education Grant Cover Sheet

Applicant Name: _____

Organization Name: _____

Contact Name (if other than applicant): _____

Contact Address: _____

Contact Phone: _____ Fax: _____

Contact Email: _____

Title of Project/Activity: _____

Amount Requested (may not exceed \$2,500): _____

Beneficiaries of Project/Activity (students, teachers, etc.): _____

Proposed Date(s) and Location of Project: _____

Completed cover sheet must accompany your full proposal. Please see attached proposal requirements for detailed instructions for writing your proposal.

Signature - applicant

Signature - supervisor (principal, dean, etc.)

Submit five copies to:

Steven R. Turner
Executive Director
Columbia Jewish Federation/
Katie and Irwin Kahn Jewish Community Center
POBox 23257
Gerry Sue and Norman Arnold
Jewish Community Campus
306 Flora Drive
Columbia SC 29224
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Fax 803 462 1337
Web site www.jewishcolumbia.org